State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Please print or type. (Form designed for use on elite (12-pitch typewriter).

See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Toxic Substances Control Division Secremento, California

UNIFORM HAZARDOUS 1. G	enerator's US E	027 360		nifest nent No.	2.,	ege 1 of			he shaded are by Federal law
O PUTZMEISTER INC.		,			A. Sta	te Manifes	Docu	ment Num	1760
18601 SOUTH MAIN STRE	ET, GA	ARDENA, CA	902	43	B. 91a	te General	or a ID	200.	1104
i. Generator's Phone (213) 321-831			·					لبلبا	
5. Transporter 1 Company Name	6.			1		te Transpo nepotter's			1023 698-0
OMEGA RECOVERY SERVIC: 7. Transporter 2 Company Name	ES	CAD 042 2		<u>- </u>	1 1 1 1	te Transpo	Marine,		0,000
. ,	. 1		1 1 1	1 1		neporter's			
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVIC	ES 10	D. US EPA ID	Number		G. Ste	te Facility		14.	~ A 1
12504 E. WHITTIER BLV	D				H Fac	400	1410	40741	5091
WHITTIER, CA 90602	,(CAD 042 24	5 001	1 1	2	13 6	98-	0991	
11. US DOT Description (Including Proper Shipping	Name, Hazard	Class, and ID Number)	,	12. Cont		13. Tol Qua	tai intity	14. Unit	l. Waste
* WASTE METHYL ETHYL KE	VIONE	ET.AMMART.E		No.	Туре			Wt/Vol	State 212
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. Additional Descriptions for Materials Listed Above		F1		_L_L_		ndling Gode	s for Y		sted Above
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					C.			d.	
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15. Special Handling Instructions and Additional Info	rmation							<u> </u>	
DOORTED NUMBER D 1042	2	1 4				14			
PROFILE NUMBER B 1043	2								
16. GENERATOR'S CERTIFICATION: I hereby dec	clare that the c	ontents of this consign	ment are ful	lly and ac	curately	described :	ehove I	by proper	shioning nem
and are classified, packed, marked, and labeled national government regulations.	J, and are in all	respects in proper cor	ndition for tr	ansport b	y highwa	y accordin	g to ap	plicable i	nternational a
If I am a large quantity generator, I certify that I	have a program	n in place to reduce the	e volume ar	nd toxicity	of wast	e generale	d to the	degree l	have determi
to be economically practicable and that I have a present and future threat to human health and the	he environment	; OR, if I am a small qu	antity gene	rator, I he					
generation and select the best waste manageme	PIR INSTRUCTION	Signature	J INSI I CAN	anoro.		10. Šį			Month Day
Timed Typed Welle		Signature				í			
7. Transporter 1 Acknowledgement of Receipt of M.	laterials					- 			
rinted/Typed Name		Signature	7	11/	1	T.			Month Day
BUDERT I CIRING	1.1304	-/1	re la	1/					03115
B. Teampoonter O. Antoniulandurum and ind Claim? "A - 4 4 4	aterials	10:	, ,	<u> 1</u> _					Trans. David
		Signature		1					Month Day
						- 41			
8. Transporter 2 Acknowledgement of Receipt of Mi		40				T. K.			
		1 20				1			
rinted/Typed Name ROBERT PIKE		42				or or other control of the control o			
rinted/Typed Name COSEXT SIKE Discrepancy Indication Space						The state of the s			
COSEXT PIKE	t of hezardous	materials covered by t	this manifes	it except	as noted	in Kem 19).		Month Day

GO10.0076

To: P.O. Box 3000, Sacramento, CA 95812